UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.4
13 November 1995

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1996
22-26 January 1996
Item 5 of the provisional agenda*

FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Namibia

SUMMARY

The Executive Director presents the country programme strategy note for Namibia for a programme of cooperation from 1997 to 2001.

The proposed programme will support national and local efforts to ensure that increasing numbers of children enjoy the rights guaranteed by the Namibian Constitution and the Convention on the Rights of the Child. This will be achieved through reaching the goals of the National Programme of Action for Children, which is now integrated into the first National Development Plan. The programme will place increased attention on disparity reduction, with each programme targeting areas where children are at highest risk. The main strategy will be capacity-building and institutional development for service delivery. Empowering communities, through strengthening school-parent committees, water point committees, or community health workers, remains a priority. The programme will continue work in the priority areas of health, nutrition and child rights. Water supply and sanitation activities will focus increasingly on community health and nutrition promotion and will concentrate on areas where diarrhoea is most prevalent. Child protection efforts will continue to address abuse and juvenile justice, and will be expanded to cover child labour and children affected by AIDS. New programmes include youth health and development, particularly for AIDS prevention; a revised programme on strengthening national and local social planning and community participation; and a new programme to strengthen Government capacity for programme communications. The programme also will support monitoring system development, programme evaluations and policy-oriented research on children's rights while expanding mobilization and advocacy with the Government and other partners.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. Namibia is pursuing a strong rights-based approach to development with a consistent focus on social development. Five years after its break from apartheid rule, Namibia has succeeded in reaching most of the mid-decade goals and is well-placed to meet the World Summit for Children goals.

2. The first accurate measure of the infant mortality rate, 67 per 1,000 live births, came from the 1991 census, which also found an under-five mortality rate of 87 per 1,000 live births and a maternal mortality rate of 225 per 100,000 live births. The main causes of child death remain diarrhoea, malaria and acute respiratory infections (ARI); the low utilization of services is also a factor. Undernutrition is a factor in 40 per cent of deaths, while the incidence of iodine and vitamin A deficiencies is high. HIV prevalence among women at antenatal clinics increased from 5 per cent in 1992 to 8.4 per cent in 1994. It is estimated that by the year 2000, more than 20,000 children will have been orphaned by AIDS.

3. There is near universal access to safe water and sanitation in urban areas, but coverage is 41 per cent for water supply and 12 per cent for sanitation in rural areas. This is the result of a lack of investment and a scarcity of extension staff.

4. The adult literacy rate is 65 per cent (64 per cent for females). New literacy programmes are very popular, with 36,000 people, 77 per cent of them female, enrolled. Eighty per cent of children (82 per cent female/78 per cent male) now attend school for at least four years, up from 59 per cent in 1990. High failure rates are due to changes in the curriculum and the language of instruction. Many teachers have only limited training skills and the average child takes 15 years to graduate. Enrolment among children on commercial farms and in Bushman-speaking communities remains well below the national average.

5. The Caprivi region has significantly greater deprivation than social indicators show for the country as a whole with respect to infant mortality (106 per 1,000 live births), HIV prevalence among women (24 per cent) and incidences of malaria and diarrhoea. Thus, local development capacity-building will be necessary to reduce such disparities.

6. There is a need to broaden awareness of child protection rights and the availability of services. Over one-third of rapes reported in 1993 involved children under 16 years of age, while 93 per cent of juvenile offenders (almost all male) were sentenced without legal representation. Most interventions for children in especially difficult circumstances are very localized.

7. Community development was suppressed in the colonial period. There have been limited advances since independence due to inadequate extension services. Regional councils were created in 1992, but there has been limited development of regional coordination structures.

LESSONS LEARNED FROM PAST COOPERATION

8. The mid-term review showed that efforts to promote individual, household and community empowerment were hindered by a lack of policies, infrastructure and capacity, in the Government and within UNICEF, for effective interpersonal and mass communications. Without these, the improved levels of service delivery

in primary health care (PHC) and basic education proved insufficient to secure full utilization by the public. Training and staff development were most successful when based on needs assessments and the participation of beneficiaries, as in the health and education programmes. Ad hoc capacity-building was less successful. A long-term approach to community development involving regional-level officials is needed to improve the sustainability of expanded service delivery coverage.

9. Immediately after independence, the Government placed highest priority on the development of policies, programmes and capacity-building in the social services. Advocacy was highly effective in mobilizing the Government and non-governmental organizations (NGOs), especially for the protection of children and women, and in maintaining sufficient allocations of Government resources for basic social services. Systems now need to be created for monitoring programme activities and results, while broadening the scope and depth of evaluations.

10. As a result of the mid-term review, UNICEF expanded its capacity in monitoring and evaluation, increased attention to advocacy and communications in the development of the 1997-2001 communications programme, strengthened its support for HIV control among youth, and shifted additional resources to regional levels. The United Nations agencies also are combining efforts to give communication with Namibian families a high priority in the country strategy note.

PROPOSED COUNTRY PROGRAMME STRATEGY

11. The proposed country programme strategy is based on an assessment of conditions of children in Namibia in relation to the provisions of the Convention on the Rights of the Child. The overall purpose of the programme is to support the achievement of the provisions of the Convention, with particular emphasis on the survival, development and protection of increasing numbers of Namibian children. National targets for child survival and development have been established in the National Development Plan 1995-2000 and the national programme of action (NPA). These include reductions in infant and under-five mortality, severe and moderate malnutrition and adult illiteracy rates; achievement of universal access to safe water and sanitation and 80 per cent completion rates in primary education; and the protection of children and the advancement of women. UNICEF support also will fall within the framework of the Government's country strategy note, which focuses United Nations assistance on poverty reduction, regional and local development, HIV/AIDS control and the reduction of gender disparities.

12. The specific objectives of the country programme are (a) to improve home and facility case management so that 60 per cent of children are effectively diagnosed, treated or referred for diarrhoea, ARI and malaria, and to reduce case fatality rates for these diseases from approximately 3 per cent to less than 1 per cent; (b) to increase water supply and sanitation coverage in two areas with low coverage and a high incidence of diarrhoea from 25 to 40 per cent for water supply and from 8 to 50 per cent for sanitation; (c) to increase participation in early child development programmes from 10 to 50 per cent and improve enrolment rates in marginalized communities from 18 to 50 per cent; (d) to encourage behavioural changes, thereby reducing the risk of the transmission of HIV and sexually transmitted diseases, pregnancy and alcohol and drug abuse, among 80 per cent of 10- to 18-year-olds.

13. The country programme strategy will be to support improvements in three household conditions related to the achievement of children's and women's rights: access to basic social services for all children through advocacy and policy research and development; availability of basic social services through capacity- and skill-building for service delivery; and the empowerment of parents and other caregivers with supportive knowledge, attitudes and practices through the strengthening of interpersonal and mass communication capacity. The approach to skills development will be a combination of in-country training, short-term technical assistance and short-term external training. Study tours will emphasize in-country exchanges. The strategy also will address the issues of improving capacity utilization, managerial change and organizational reform.

14. The country programme strategy will be to strengthen the capacity and organizational structures of partner institutions in service delivery, programme communications and public mobilization. Other priorities will include improved planning, monitoring and advocacy for the promotion of children's and women's rights by relevant government and other institutions. This will heighten awareness and improve actions by government and non-governmental agencies to protect women and children, especially in cases of abuse, conflict with the law, child labour and children affected by HIV/AIDS.

15. The health, nutrition and environment programme will support improvements in the accessibility, relevance and use of health services, especially for adolescents. National-level support for capacity-building and institutional development in health will continue, but the strategy will be to increase attention to regions with high morbidity and mortality and to increase emphasis on communications in health and nutrition. A focus on the environment will expand efforts in Caprivi and Omusati regions to improve environmental hygiene and water source development and management.

16. The education and early child development programme will employ distance learning, the recruitment and training of community teachers, the involvement of caregivers in education and the development of affordable boarding strategies.

17. A youth health and development programme will build the capacity of selected ministries and NGOs so that they are able to reach more young people with the life skills and knowledge they need to avoid high-risk behaviours. Approaches will include the use of interactive training packages for teachers and community workers, supported by radio and community theatre. Service delivery will improve the accessibility, relevance and friendliness of health services for adolescents, and especially young women.

18. The objective of the social planning, monitoring and evaluation programme will be the development of regional development programmes for children and women in up to seven regions, based on the availability of funds. The strategy also will continue to focus on the development of sectoral information systems and monitoring of the Convention on the Rights of the Child and the NPA. All programmes will be strengthened through operational research and evaluation, which will also benefit national policy, especially for the development of a social safety net, and staff skills development and institution-building for government departments and NGOs. The information needs of beneficiaries and the country programme evaluation plan will receive high priority.

19. A communications programme will support skills development of staff communication units and extension services to improve their access to households. In this way, parents and caregivers will be empowered with improved

knowledge, attitudes and practices relating to the threats to child survival, protection and development. The emphasis will be on improved child-care practices and greater use of basic services.

20. While all programmes will continue to address children's and women's issues through policy and programme development, advocacy will be the major strategy of the new programme on mobilization for child and women's rights. The institutional capacity of relevant government ministries and NGOs will be enhanced to support child protection efforts.

21. Already strong cooperation with partner United Nations agencies within the context of the forthcoming United Nations country strategy note will be expanded. The PHC Coordination Group will continue with the World Health Organization, the United Nations Population Fund and the United Nations Development Programme (UNDP). UNICEF will support the Food Security and Nutrition Action Plan with the Food and Agriculture Organization of the United Nations and the World Health Organization, while those institutions, plus the United Nations Educational, Scientific and Cultural Organization and UNDP will continue cooperation within the NPA. The programme will work closely within the newly formed Joint United Nations Programme on HIV/AIDS group in planning, implementation and evaluation.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health, nutrition and environment	1 500	8 500	10 000
Education and early child development	1 000	4 000	5 000
Youth health and development	750	3 750	4 500
Social planning, monitoring and evaluation	750	3 750	4 500
Communications	500	2 500	3 000
Mobilization for child and women's rights	500	2 500	3 000
Total	5 000	25 000	30 000

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

E/ICEF/1996/P/L.5

Readex
Fiche

UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.5
9 November 1995

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1996
22-26 January 1996
Item 5 of the provisional agenda*

FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Sao Tome and Principe

SUMMARY

The Executive Director presents the country programme strategy note for Sao Tome and Principe for a programme of cooperation for the period 1997 to 2001.

Against the background of deteriorating socio-economic conditions, infant and under-five mortality rates have increased since 1981. The immediate causes of child health include malaria, acute respiratory infections, diarrhoeal diseases and anaemia. The country programme strategy will be a central and essential component in the implementation of the national programme of action for children. In this context, the Convention on the Rights of the Child provides a new important framework for UNICEF cooperation. By strengthening community involvement in planning and implementation, the country programme will help to sustain and improve the quality of social service delivery. It will comprise five programmes: primary health care; basic education; water supply and environmental sanitation; social mobilization; and monitoring and evaluation. The small size of the population, the limited geographic area to cover and the successes already achieved in certain areas, such as water supply and sanitation and child immunization, will permit the country programme to address a variety of country goals for children.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF WOMEN AND CHILDREN

1. Sao Tome and Principe is comprised of two islands with a population of 117,504. It is classified as a least developed country. There has been a low level of economic growth, and adjustment policies in place since 1987 have not yet led to an increase in household income. Government budget allocations for health and education have decreased by approximately 50 and 30 per cent, respectively, over the last four years.

2. The Government has set seven ambitious goals for the year 2000 in the national programme of action (NPA) for children. One of the goals is to reduce the infant and under-five mortality rates by one third of their 1993 levels. As it appears that both infant and under-five mortality rates have increased over their 1981 levels, achieving these goals poses a major challenge. Malaria is by far the leading cause of under-five mortality and morbidity, accounting for 41 per cent of under-five deaths, which a malaria control project financed with World Bank assistance should help to reduce. Acute respiratory infections (ARI), diarrhoeal diseases and anaemia are the other main causes of under-five morbidity and mortality. A second goal is to reduce the maternal mortality rate by one half of its 1991 level of 79 per 100,000 live births, which also poses a considerable challenge.

3. The lack of data on the nutritional status of young children makes it difficult to analyse the trends and prospects towards the goal of reducing severe and moderate malnutrition among children under five years old by 30 per cent of the 1985 level of 17 per cent. In comparison, a successful family latrine programme and the involvement of several donors in urban and rural water supply have generated progress towards the achievement of the goals of increasing water supply coverage from 74 to 90 per cent and sanitation coverage from 50 to 90 per cent.

4. With respect to the goal to ensure universal access to basic education and achievement of primary education by at least 70 per cent of primary school-age children, net enrolment is an impressive 81 per cent, thus showing that the goal is achievable. However, the quality of education is severely compromised by a shortage of trained personnel, teachers protesting inadequate salaries through work stoppages and strikes, the lack of classroom space and materials, and large class sizes. While the sixth goal is to reduce the adult illiteracy rate to at least one half of its 1990 level, progress is being made as the literacy rate is 42 per cent for women and 57 per cent for men. The Government's ratification of the Convention on the Rights of the Child is an important step in making progress towards the seventh goal, which is to provide improved protection of children in especially difficult circumstances. The Convention also provides an important framework to promote the reduction of regional disparities among indicators for children.

LESSONS LEARNED FROM PAST COOPERATION

5. Government personnel at national and subnational levels often lacked the knowledge and skills needed for programme planning, monitoring and implementation during the previous country programme. Consequently, the

mid-term review in 1993 concluded that greater emphasis should be placed on capacity-building, especially training activities, to improve service delivery in the most cost-effective ways. As a follow-up to the review, UNICEF has supported more training, a focus that will continue throughout the new country programme.

6. The training and support of community health workers at district and subdistrict levels and the involvement of communities and families in small-scale water supply and sanitation services have highlighted the need to continue to strengthen community involvement in planning and implementation. Where possible, community cost-sharing will help to sustain and improve the quality of social service delivery.

7. It proved difficult to measure the progress made towards the mid-decade and NPA goals due to a lack of reliable data. Consequently, greater attention and increased resources will be channelled by UNICEF and the Government towards monitoring and evaluation activities, including the collection and analysis of data on regional disparities obtained through community surveillances. The proposed country programme will use such findings to make more effective adjustments in activities where progress is lagging.

8. There is a need to improve coordination and information-sharing among development partners to improve the use of limited resources and to create a stronger intersectoral framework for programming. The programme should build upon the positive experiences between the Government and United Nations agencies, particularly through the Joint Consultative Group on Policy. The proposed cooperation, therefore, will make special efforts to improve and strengthen partnerships with non-governmental organizations (NGOs) in terms of both sectoral and intersectoral programmes.

PROPOSED COUNTRY PROGRAMME STRATEGY

9. The Convention on the Rights of the Child and the NPA are the principal references for the proposed UNICEF-supported country programme. The country programme will be a central and essential component in NPA implementation. It will contribute to the country goals for the reduction of infant, under-five and maternal mortality. The country programme will aim to (a) improve the coverage, delivery and quality of social services in the areas of health, basic education, water supply and sanitation; (b) build capacity at all levels in these same areas to strengthen sustainability of services; and (c) strengthen efforts to protect and assist children in especially difficult circumstances.

10. The country programme will employ a mix of strategies. The lead strategies will be capacity-building and service delivery. In addition, important supportive strategies will include both advocacy and community empowerment initiatives. This strategy mix represents an evolution from previous country programmes whose major strategy was service delivery.

11. The coverage of the country programme will be nationwide, although priority will be given to the socio-economically disadvantaged districts of Pague and Caus. The Ministry of Foreign Affairs and Cooperation will be

responsible for overall programme planning and monitoring. Disparity reduction will be a priority, both between urban and rural areas and between girls and boys. Coordination, information-sharing and joint support of programmes with partners, particularly NGOs, will be prominent. UNICEF also will participate actively in the preparation of the country strategy note for United Nations cooperation which will be finalized in 1996.

12. The country programme will be comprised of five interrelated programmes: (a) primary health care (PHC); (b) basic education; (c) water supply and environmental sanitation; (d) advocacy and social mobilization; and (e) monitoring and evaluation. The small size of the population, the limited geographic area to cover and the successes already achieved in certain areas, such water supply and environmental sanitation and child immunization, permit the country programme to address a variety of country goals for children.

13. The PHC programme will pursue strategies aimed at reducing infant, child and maternal morbidity and mortality by diminishing the transmission of vaccine-preventable diseases; requiring that all edible salt be iodized; reducing morbidity and mortality rates due to diarrhoeal diseases by 25 and 50 per cent, respectively; and reducing ARI by 30 per cent. UNICEF support for capacity-building will provide technical assistance, logistic, financial and material support for the implementation of activities in the areas of the expanded programme on immunization, ARI, the control of diarrhoeal diseases, maternal and child health (MCH) and nutrition. The Baby-Friendly Hospital Initiative will be promoted at all MCH health centres which are equipped to assist mothers with birth deliveries and will help them to undertake exclusive breast-feeding and child health care. The programme also will promote growth monitoring at all PHC facilities. Capacity-building efforts, through training for central- and district-level staff and the development of management support systems, will improve all aspects of PHC management. In collaboration with the World Bank and other partners, communities in two districts will be assisted to assume responsibility in planning, implementing and cost-sharing of health programmes.

14. The basic education programme will seek to increase the proportion of children reaching grade five and to increase the proportion of school-aged children attending primary school. To do so, the mix of strategies will include (a) support to teacher training on core curriculum subjects; (b) advocacy for and support to a school health programme, including health education on sexually transmitted diseases; (c) organization of active community participation in all phases of the education process, including the increased involvement of parents in children's education; and (d) extension services to out-of-school disadvantaged children, especially girls and street children.

15. Water supply and environmental sanitation objectives will contribute to the NPA goal of ensuring that 90 per cent of the population have access to safe drinking water and sanitary means of excreta disposal. In order to complement the roles of other donors in urban areas, UNICEF will support rural and peri-urban areas across the country. In collaboration with district-level authorities, the strategy for service delivery will cover spring protection, hand-dug wells, the construction of household latrines, the rehabilitation and construction of small-scale gravity-fed piped water systems, and monitoring of

water quality. Community water and sanitation committees will be formed at all water points. The programme will encourage co-financing and involvement of the community, especially women, with management and maintenance of all facilities. Hygiene education for a healthy environment will be strengthened.

16. People's knowledge and awareness about the Convention on the Rights of the Child is limited. The advocacy and social mobilization programme will promote implementation of the Convention nationwide, and produce and disseminate information, education and communication materials on Facts for Life to support the NPA goals. UNICEF will collaborate closely with national television and radio stations. Government workers, including teachers, health workers and journalists, will be trained to increase their knowledge about child rights. The National Commission on Children will receive support to strengthen monitoring and mobilization for implementation of the NPA.

17. An integrated monitoring and evaluation system will be developed jointly by UNICEF and the Government. A strategy of capacity-building through a stronger, more reliable database for more accurate trend analysis should support improved policies for children and women. Multiple indicator cluster surveys will be used increasingly as a monitoring tool.

ESTIMATED PROGRAMME BUDGET

Estimated programme budget, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health	1 100	590	1 690
Basic education	650	330	980
Water supply and environmental sanitation	850	650	1 500
Advocacy and social mobilization	700	200	900
Monitoring and evaluation	450	-	450
Total	3 750	1 770	5 520

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.